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TO:	Examiner K.M. Burd Group Art Unit 2631	FAX NO.:	(571) 273-8300
FROM:	Michael T. Cruz	USER ID:	8084
CLIENT:	01772	MATTER:	15970US01

Number of Pages This Transmission (Including Cover Page): **23**

I hereby certify that the attached correspondence, including a transmittal form (1 page), a fee transmittal form (1 page, in duplicate), a petition for an extension of time (1 page, in duplicate) and an appeal brief (17 pages), is sent via being facsimile transmission to the United States Patent and Trademark Office on July 3, 2006.


Michael T. Cruz
Reg. No. 44,636

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number		09/945,200			
(to be used for all correspondence after initial filing)		Filing Date		August 30, 2001			
		First Named Inventor		Martin Morris			
		Art Unit		2631			
		Examiner Name		Kevin Michael Burd			
Total Number of Pages in This Submission		22		Attorney Docket Number		15970US01	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (Appeal Brief - 17 pages) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm	McAndrews Held & Malloy, Ltd.						
Signature	<i>Michael T. Cruz</i>						
Printed Name	Michael T. Cruz, Reg. No. 44,636						
Date	July 3, 2006						
CERTIFICATE OF FAX TRANSMITTAL							
I hereby certify that this correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office at (571) 273-8300 on July 3, 2006.							
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636				
Signature	<i>Michael T. Cruz</i>	Date	July 3, 2006				

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Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

Complete if Known

Application Number 09/945,200
Filing Date August 30, 2001
First Named Inventor Martin Morris
Examiner Name Kevin Michael Burd
Art Unit 2631
Attorney Docket No. 15970US01

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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017

Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP Extra Claims x Fee(\$)= Fee Paid (\$)
Multiple Dependent Claims Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims -3 or HP Extra Claims x Fee(\$)= Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$)= Fee Paid(\$)
-100 /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief (\$500); Petition for One-Month Extension of Time (\$120) 620.00

SUBMITTED BY

Signature	Michael T. Cruz	Registration No. (Attorney/Agent)	44,638	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz	Date	July 3, 2006		